

NOTICE OF INDEPENDENT REVIEW DECISION

December 9, 2002

RE: MDR Tracking #: M2-03-0264-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 50 year old female sustained a work-related injury on ___. She was pushed by a student and suffered low back pain and cervical pain. She underwent anterior cervical discectomy and fusion (ACDF) on 08/15/01 for cervical instability and kyphotic deformity at C4-5 and C3-4. Despite extensive conservative treatment, she continues to complain of low back pain. Lumbar myelogram on 07/03/02 revealed a ventral defect at L4-5 and post-myelogram computerized tomography (CT) scan revealed L4-5 disc degeneration and protrusion. The neurosurgeon has recommended a lumbar discogram with CT scan.

Requested Service(s)

Left lumbar discogram with CT scan

Decision

It has been determined that the left lumbar discogram with CT scan is medically necessary.

Rationale/Basis for Decision

The patient is not substantially improved two years and nine months post injury. The CT, CT/myelogram and MRI all reveal degenerative changes centered at the L4 disc. Discography can accurately localize a pain generator. It is supported by the American Association of Neurological Surgeons in situations of intractable low back pain resistant to time and conservative management in which imaging studies are abnormal. Therefore, the left lumbar discogram with CT scan is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,